

STATE OF SOUTH CAROLINA

Posted
1/27/11-jbs

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Non-Emergency Certificate
for Lowcountry Good Samaritan Transport, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2011 - 42 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lannie L. Wilson, Sr.

Telephone: 843-683-0537

Address: 9 Palmetto Beach Drive

Fax: n/a

P.O. Box 69

Other: 843-757-0537

Bluffton, SC 29910

Email: lowcountrygoodsamaritantransport@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED
JAN 26 2011
PSC SC
CLERK'S OFFICE

RECEIVED
JAN 24 2011
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

See

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

Posted - 1/27/11

jsa -

2011-42-T

227819

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 1/20/11

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lowcountry Good Samaritan Transport, LLC

9 Palmetto Beach Drive
Street Address of Applicant

P.O. Box 69
Mailing Address of Applicant if different from street address

Bluffton SC 29910

843-683-0537

Phone

n/a

Fax

lowcountrygoodsamaritantransport@yahoo.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Lannie L. Wilson, Sr., 9 Palmetto Beach Dr./P.O. Box 69, Bluffton, SC 29910

Eileen S. Wilson, 9 Palmetto Beach Dr./P.O. Box 69, Bluffton, SC 29910

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2011

Assets:

Cash	\$11,900
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	\$600
Motor Vehicles (Net)	\$19,500
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	\$300
Prepays and Other Assets	0
Total Assets	\$32,300
<u>Liabilities and Equity:</u>	
Accounts Payable	\$2,943
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	\$543
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	\$3,486
Capital Stock	0
Retained Earnings	0
Total Equity	\$28,814
Total Liabilities and Equity	\$32,300

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$35.00 each way wheelchair transport plus \$2.75 per mile

Ambulatory rates minimum \$15.00 (\$2.00 per mile)

weekends and holidays \$10.00 over base rate

Counties to be Served:

Beaufort

Jasper (see email from Eileen Wilson)

Maximum Number of Passengers per Vehicle:

7

Per Wilson

Schmieding, Janice

From: O'Brien Eileen [EileenO@hiltonheadislandsc.gov]
Sent: Wednesday, January 26, 2011 11:27 AM
To: Schmieding, Janice
Subject: FW: Lowcountry Good Samaritan Cert of Existence and Articles of Organization
Attachments: Lowcountry Good Existence.pdf

The original came back undeliverable, I may have had a typo.

From: O'Brien Eileen
Sent: Wednesday, January 26, 2011 11:23 AM
To: 'janiceschmieding@psc.sc.gov'
Cc: 'jnelson@regstaff.sc.gov'
Subject: Lowcountry Good Samaritan Cert of Existence and Articles of Organization

Pdf is attached: Certificate of Existence and Articles of Organization

We will be doing business in Beaufort County and if business proves to be successful maybe Jasper County.

Thank you so much for your assistance.

Eileen Wilson
843-684-1181

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed.

If you have received this email in error please notify the originator of the message.

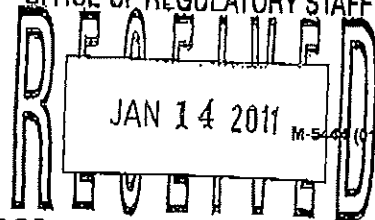
Any views expressed in this message are those of the individual sender.

This message has been scanned for viruses and spam by McAfee.

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Chevy	2002 3500	1GAHG39R621207886	6,122	7 HC

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)



FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with South Carolina Public Service Commission (hereinafter called Commission)
 (Name of Commission)

This is to certify, that the Columbia Insurance Company
 (Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
 (Home Office Address of Company)

has issued to LOWCOUNTRY GOOD SAMARITAN TRANSPORT LLC
 (Name of Motor Carrier)

of PO BOX 69, BLUFFTON, SC 29910
 (Address of Motor Carrier)

a policy or policies of insurance effective from 01/10/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
 (Street Address) (City) (State) (ZIP Code)

this 10th day of January, 20 11

Authorized Representative

Insurance Company File No. 71APS028161
 (Policy Number)

. 300,000.CSL

CAROLINA INSURANCE SERVICE, INC.

PO BOX 3134, WINSTON-SALEM, NC 27102
PHONE 800-672-0134 FAX 336-721-1667

RECEIVED

JAN 18 2011

BLUFFTON

RECEIVED

JAN 18 2011

BEAUFORT

1/14/2011

Lowcountry Ins. Services, Inc. - Beaufort
PO Box 789
Beaufort, SC 29901

Re:

Insured:

Lowcountry Good Samaritan Transport LLC

Policy Number:

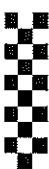
71APS028161

Please find the attached copies for your file. Please advise if you need anything further.

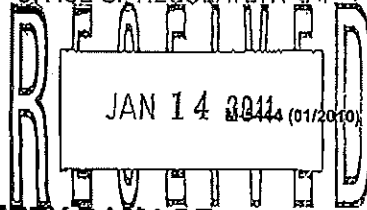
Thank you,

CAROLINA INSURANCE SERVICE, INC.

cc: Columbia Insurance Company



OFFICE OF REGULATORY STAFF



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UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

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Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 10th day of January, 20 11

Authorized Representative

Insurance Company File No. 71AP3028161
(Policy Number)

300,000.CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 367.301

NEW
RENEWAL OF NUMBER

COLUMBIA INSURANCE COMPANY

3024 Harney Street
OMAHA, NEBRASKA
1-800-356-5750

☐ The Declarations
include a second
part

GA Code: N32728

71 APS 028161

ITEM ONE NAMED INSURED & ADDRESS BUSINESS AUTO COVERAGE DECLARATIONS

LOWCOUNTRY GOOD SAMARITAN TRANSPORT
LLC
PO BOX 69
BLUFFTON, SC 29910

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: NON-EMERG MED TRANSPORT

POLICY PERIOD: Policy covers FROM 12/08/2010 8:57 AM TO 12/08/2011 12:01 A.M. Standard Time at the Named Insured's Address stated above.

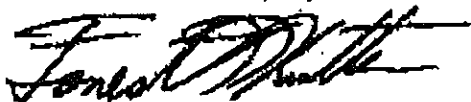
ITEM TWO — SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 100,000 CSL	\$ 2,885
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 282
UNINSURED MOTORISTS	7	\$ 100,000 CSL (BI/PD)	\$ 140
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$ 100,000 CSL (BI/PD)	\$ 140
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR OR REPLACEMENT WHICHEVER IS LESS MINUS See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ Incl
SPECIFIED CAUSES OF LOSS		\$ Deductible FOR EACH COVERED AUTO	\$
COLLISION COVERAGE	7	See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ 638
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 4,083
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE — SCHEDULE OF COVERED AUTOS AS ATTACHED			

COUNTERSIGNED AT CAROLINA INSURANCE SERVICE INC.
WINSTON-SALEM, NC

In Witness whereof, we have caused this policy to be executed and attested.




Secretary

By



AUTHORIZED SIGNATURE



President

C-5241 (07/2006)

Insured/Producer Copy - SC 3.2.82 12/09/2010 KPG

NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For LOWCOUNTRY GOOD
SAMARITAN TRANSPORT LLC*Liability + Phys Dam*

Quote #: 751245

Status: Pending

Originally Quoted: 12/07/2010 12:45 PM EST
 Quote Printed: 12/07/2010 12:51 PM EST
 Proposed Effective: 12/07/2010 12:00 AM EST

Quoted By: Karen Giles
 Carolina Insurance Service, Inc.
 130 Charlois Boulevard
 Winston-Salem, NC 27103
 Phone - (336) 725-5578
 Fax - (336) 721-1667
 karen@carolina-insurance.com
 Producer:

*full home &
address
agency*

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	100,000 CSL	2,885
7	UM - BIPD	100,000 CSL	140
7	UIM - BIPD	100,000 CSL	140
7	Medical Payments	5,000	282
7	Physical Damage	See Specific Unit	636
	Total Ins Value	20,000	

Total \$4,083.00

Revision: 71SC2010R01

Vehicle Information

Unit

NICO-Rate Version:

8.2.42.8

1 2002 CHEVROLET

Comp/Coll: \$20,000

Radius: Up to 100 Miles

Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	At/Lessor	Unit Sub Total
2,885	140	140	282	636	N/A	N/A	4,083
Deductible: 500/500							

610 National
 Indemnity
 Company
 Since 1940

NEW
RENEWAL OF NUMBER

COLUMBIA INSURANCE COMPANY

3024 Harney Street
OMAHA, NEBRASKA

1-800-358-5750

☐ The Declarations
Include a second
part

GA Code: N32728

71 APS 028161

ITEM ONE NAMED INSURED & ADDRESS

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LOWCOUNTRY GOOD SAMARITAN TRANSPORT
LLC
PO BOX 69
BLUFFTON, SC 29910

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LIABILITY	7	\$ 100,000 CSL	\$ 2,885
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 282
UNINSURED MOTORISTS	7	\$ 100,000 CSL (BI/PD)	\$ 140
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PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR OR REPLACEMENT WHICHEVER IS LESS MINUS \$ See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ Incl
SPECIFIED CAUSES OF LOSS		\$ Deductible FOR EACH COVERED AUTO	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ 636
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 4,083
ENTER SYMBOL TO DESCRIPTION HERE:			
POLICY SUBJECT TO A POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE — SCHEDULE OF COVERED AUTOS AS ATTACHED			

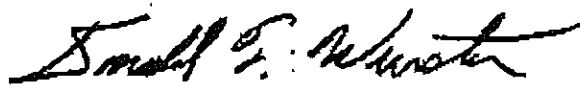
Countersigned at CAROLINA INSURANCE SERVICE INC.
WINSTON-SALEM, NC

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Secretary

By 
AUTHORIZED SIGNATURE



President

C-5241 (07/2006)

Insured/Producer Copy - SC 3.2.82 12/09/2010 KPG

Account Summary For LOWCOUNTRY GOOD SAMARITAN TRANSPORT LLC

Liability + Phys Dam

Quote #: 751245

Status: Pending

Originaly Quoted: 12/07/2010 12:45 PM EST
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Carolina Insurance Service, Inc.
130 Charlols Boulevard
Winston-Salem, NC 27103
Phone - (336) 725-6578
Fax - (336) 721-1667

karen@carolina-insurance.com

Producer:

*full name &
address
agency*

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7	Liability	100,000 CSL	2,885
7	UM - BIPD	100,000 CSL	140
7	UIM - BIPD	100,000 CSL	140
7	Medical Payments	5,000	282
7	Physical Damage	See Specific Unit	636
	Total Ins Value	20,000	

Total \$4,083.00

Revision: 71SC2010R01

Vehicle Information

Unit

1 2002 CHEVROLET

Comp/Coll: \$20,000

Radius: Up to 100 Miles

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Deductible: 500/500							

**National
Indemnity
Company**

Since 1940

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		ESTIMATED TOTAL PREMIUM	\$ 4,083
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Countersigned at CAROLINA INSURANCE SERVICE INC.
WINSTON-SALEM, NC

In Witness whereof, we have caused this policy to be executed and attested.

By

AUTHORIZED SIGNATURE

Secretary

President

C-5241 (07/2006)

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Quoted By: Karen Giles
Carolina Insurance Service, Inc.
130 Charlotte Boulevard
Winston-Salem, NC 27103
Phone - (336) 725-5578
Fax - (336) 721-1667
karen@carolina-insurance.com
Producer:

*full home &
address
agency*

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Revision: 71SC2010R01

Vehicle Information

Unit

1 2002 CHEVROLET

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Radius: Up to 100 Miles

NICO-Rate Version:

8.2.42.8

Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
2,885	140	140	282	636	N/A	N/A	4,083
Deductible: 500/500							

**National
Indemnity
Company**
Since 1940

Exhibit FWA

Lowcountry Good Samaritan Transport, LLC

Name

N/A

N/A

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Beaufort

(X) Sam S. W. SR. - OWNER
Applicant's Signature

I, Emma Alcia, Producer
Name of Applicant's Representative Title

of Lancountry Good Samaritan Transport LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Emma Alcia
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 21st day of January, 2011

Janet Keels
Notary Public
Commission Expires 08/30/2014



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LOWCOUNTRY GOOD SAMARITAN TRANSPORT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 6th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
8th day of December, 2010.

Mark Hammond
Mark Hammond, Secretary of State

DEC 06 2010

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

Mark Hammond
TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Lowcountry Good Samaritan Transport, LLC

***NOTE:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

9 Palmetto Beach Dr

Street Address

Bluffton

29910

City

Zip Code

3. The initial agent for service of process is

Lannie Lee Wilson, Sr.

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

9 Palmetto Beach Dr

Street Address

Bluffton

29910

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Lannie Lee Wilson, Sr.

Name

9 Palmetto Beach Dr

Street Address

Bluffton

SC

29910

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

101207-0081

FILED: 12/06/2010

LOWCOUNTRY GOOD SAMARITAN TRANSPORT, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
 - (a) _____
 Name

 Street Address

 City State Zip Code

 - (b) _____
 Name

 Street Address

 City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Sam Lee Wilson SA
 Signature of Organizer

11-22-10
 Date

 Signature of Organizer

 Date

O'Brien Eileen

From: Brooks, Jerry C. [JCBrooks@scstp.org]
Sent: Tuesday, January 18, 2011 2:23 PM
To: O'Brien Eileen
Subject: RE: questions...

The Federal Motor Carrier Safety Regulations for your type vehicle only apply when the vehicle is rated for 9 passengers or more. Since yours is a 7 passenger vehicle the DOT # and safety regulations will not apply to you.

Sergeant Jerry C. Brooks Jr.
 SC State Transport Police
 2025 Ebenezer Rd, Suite H
 Rock Hill, SC 29732
 803-324-1136 (Fax 803-324-5240)



From: O'Brien Eileen [mailto:EileenO@hiltonheadislandsc.gov]
Posted At: Tuesday, January 18, 2011 1:43 PM
Posted To: STP-help
Conversation: questions...
Subject: questions...
Importance: High

Good Afternoon,

My name is Eileen Wilson, 843-684-1181. I have been trying since Monday, January 10, 2011 to get an answer to a few questions.

We are trying to start a non-emergency wheelchair transportation business. Our vehicle will carry 7 passengers including the driver and we are Intra state only. I saw a press release on the Dept. of Public Safety website dated Nov. 15, 2010 stating that a SC DOT number is required. I have left several voice messages at 803-896-8409, I have called the main phone # and wind up being sent to Human Resources, I was directed to SC Dept of Transportation and no one there could help me either.

I was told by Federal Motor Carrier Safety Admin (FMCSA) that since we have less than 9 passengers, we do not need a US DOT # or Operating Authority since we are Intra State.

I would greatly appreciate it if someone could direct me to an application or how to get a South Carolina DOT number.

Thank you.

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01/18/2011

O'Brien Eileen

From: Chauvin, Carole [cchauvi@regstaff.sc.gov]
Sent: Tuesday, January 18, 2011 2:32 PM
To: O'Brien Eileen
Subject: RE: questions about application process....

Hi Eileen,

**I have responded to your questions in red. Let me know if you have any further questions.
 Thanks!**

Carole Chauvin
Program Specialist, Transportation Dept.
Phone: 803-737-0578
Fax: 803-737-0815
Email: cchauvi@regstaff.sc.gov

From: O'Brien Eileen [mailto:EileenO@hiltonheadislandsc.gov]
Sent: Tuesday, January 18, 2011 1:29 PM
To: Chauvin, Carole
Subject: questions about application process....

Good Afternoon,

This is Eileen Wilson, 843-684-1181, since we have been unable to connect through the telephone, I am going to list some of my questions below.

Class C Non-Emergency:

We are trying to start up a non-emergency wheelchair transportation business. Our vehicle holds 7 people including the driver. **ON PAGE 3 OF 9 OF THE APPLICATION, DOWN AT THE BOTTOM OF THE PAGE WHERE IT ASKS FOR "MAXIMUM NUMBER OF PASSENGERS PER VEHICLE" YOU WILL WRITE THE NUMBER 15. THE REGULATIONS DEFINES PASSENGER TO INCLUDE THE DRIVER SO YOUR VEHICLE AS THE SEATING CAPCITY TO CARRY 9 PASSENGERS. BY ASKING FOR APPROVAL TO CARRY 15 PASSENGERS IT DOES NOT MEAN THAT HAVE TO REGISTER VEHICLES THAT CARRY 15 PASSENGERS. IT MEANS THAT YOU WILL THE AUTHORITY TO CARRY UP TO 15 PASSENGERS.**

on page 6 of the application, FWA - it asks for USDOT # I have been informed by Federal Motor Carrier Safety Admin. (FMCSA) that since we have less than 9 passengers we do not need a US DOT # or Operating Authority. Also we are intra state. **YOU ARE ASKING FOR INTRA STATE AUTHORITY AND YOU DO NOT HAVE TO HAVE A US DOT#.**

on page 8 of the application, do we just take this to any Notary and have them notarize our signature? **YES**

*In the SC Code of Regulations, do we need to purchase a criminal background check on ourselves to submit to you? **YOU DON'T HAVE TO HAVE THE BACKGROUND CHECKS DONE BEFORE YOU APPLY. ALL OF THAT INFORMATION YOU WILL PROVIDE TO OUR OFFICER WHO COMES TO INSPECT YOUR RECORDS AND YOUR VEHICLE AFTER THE PUBLIC SERVICE COMMISSION ISSUES AN ORDER GRANTING YOU AUTHORITY.**

* the insurance company should be sending the Form E* **WHAT IS THE NAME ON THE FORM E SO I CAN LOOK FOR IT?**

Once you receive our completed application, and we send a copy to ORS, we await approval from your office? **I WORK FOR ORS. YOU NEED TO SUBMIT YOUR APPLICATION TO THE PUBLIC SERVICE COMMISSION WITH A COPY TO OUR AGENCY. IT IS A MINIMUM OF 4-5 WEEKS FOR THE PROCESS OF OBTAINING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY. WHEN YOU SUBMIT YOUR APPLICATION TO THE PUBLIC SERVICE COMMISSION AND IT IS**

01/18/2011

ACCEPTED AS COMPLETE, THEN THEIR OFFICE WILL BE IN CONTACT WITH YOUR BY MAIL. THE FINAL DOCUMENT YOU RECEIVE FROM THE PSC IS AN ORDER. ONE IS MAILED TO YOU AND ONE IS EMAILED TO ME. I THEN SEND YOU A LETTER TO LET YOU KNOW WHAT NEEDS TO BE DONE TO COME INTO COMPLIANCE WITH THE ORDER AND I AM THE ONE WHO WILL ISSUE YOU A CERTIFICATE.

I have made several attempts to get through to the SC Dept. of Public Safety for an Intrastate DOT # but have not received any contact back. **YOU ONLY NEED A USDOT # IF YOU OPERATE INTERSTATE.**

I would appreciate any information you can provide to me at your earliest convenience. Thank you

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If you have received this email in error please notify the originator of the message.

Any views expressed in this message are those of the individual sender.

This message has been scanned for viruses and spam by McAfee.

Lowcountry Good Samaritan Transport, LLC
P.O. Box 69
Bluffton, SC 29910
843-683-0537
lowcountrygoodsamaritantransport@yahoo.com

January 20, 2011

TO; Public Service Commission and Office of Regulatory Staff

We are trying to start a wheelchair transportation business. We will be operating Intra State and our vehicle will carry 7 passengers including the driver. I have been informed by Federal Motor Carrier Safety Administration (FMCSA) that we do NOT have to have a US DOT # or Operating Authority.

Enclosed is our completed Transportation Cover Sheet and Application.

Per the SC Code of Regulations Chapter 103 Article 2 Motor Vehicle Carriers, we have enclosed:


- a copy of our 3-year driving records
- a copy of proof of insurance in triplicate
- our criminal background check

> TO O.R.S. only

I would appreciate any assistance and feedback that you can provide us so we can move forward with our wheelchair transport business.

Thank you,


Lannie L. Wilson, Sr.


Eileen S. Wilson

RECEIVED
JAN 24 2011
CLERK'S OFFICE